HEALTH SERVICES QUALITY IMPROVEMENT IMPLEMENTATION GUIDE

EXERCISE THIRTEEN

SUBJECT: PATIENT NOTIFICATION OF THE RESULTS OF CERTAIN LABORATORY PROCEDURES

<u>PURPOSE</u>: To develop a reliable and reviewable method of ensuring that patients are notified of the results of certain laboratory procedures which have a significant impact on their health and well-being.

DISCUSSION:

- 1. The results of certain laboratory tests have such a significant impact on the patient that practitioners must, as part of good medical practice, notify the patient of the results. These tests include:
 - a. All biopsies
 - b. All pap smears
 - c. All pregnancy tests
 - d. All tests whose results indicate a need to initiate or change treatment.
- 2. Each clinic must develop a protocol [see enclosure (1)] which allows tracking laboratory tests results to ensure that patients are notified of results when indicated. It must also provide for medical or dental officer review of the results prior to the patient being notified. At a minimum, the protocol must require that:
 - a. All laboratory requests (SF-546 through SF-557) include the name of the responsible medical or dental officer and the patient's telephone number.
 - b. A reviewable laboratory specimen log must be kept which lists all tests performed with information necessary to track the specimen. Enclosure (2), is a sample log, which can be used in whole or in part for this purpose.
 - c. A medical or dental officer, as appropriate, reviews all laboratory results.
 - d. A medical or dental officer determines, for each result, if the patient should be notified and documents the decision on the report form; for example, by initialing the report and noting either "action necessary" or "no action necessary".
- 3. The protocol may allow the use of a pre-addressed mailer to expedite the notification process for patients who cannot be or don't need to be contacted by telephone [see enclosures (3) through (6)]. The Clinic Automated Management System (CLAMS) or other computer system can also be used to generate form letters to notify patients of both positive and negative pap smear and pathology results. Enclosures (7) negative Pap Smear, (8) positive Pap Smear, and (9) Biopsy are samples of CLAMS generated letters.

The patient's name and address are placed so that the letter can be used with a window envelope.

<u>ACTION</u>: All clinics will develop a protocol that details a reliable, reviewable system to ensure that all laboratory tests which require action are identified and reviewed by a medical or dental officer. All pap smears, biopsies, pregnancy tests, and any test results, which require action must be reported to the patient. Documentation of patient notification must be noted by the medical or dental officer on the lab report form. Document required follow-up action and recommendations on a SF 600. Samples of a protocol, logs, mailer format, and CLAMS generated form letters, provided as enclosures (1) though (9), may be used for this purpose, in whole or in part.

Encl.: (1) Sample Protocol, Patient Notification of the Results of Certain Laboratory Procedures

- (2) Sample, Laboratory Specimen Log
- (3) Sample, Self –addressed mail notification form, negative biopsy/laboratory results
- (4) Sample, Self-addressed mail notification form, positive biopsy/ laboratory results
- (5) Sample, Self-addressed negative/benign pap smear notification form
- (6) Sample, Self-addressed positive pap smear notification form

Explanation: Enclosures (5) and (6) were derived from MEDDAC Form 20, Sept 97, used by Army OB-GYN clinic)

- (7) Sample, CLAMS-generated form letter, negative pap result
- (8) Sample, CLAMS-generated form letter, positive pap result
- (9) Sample, CLAMS-generated form letter, biopsy result

SAMPLE SAMPLE

CLINIC PROTOCOL

<u>PURPOSE</u>: To develop a reliable and reviewable method of ensuring that patients are notified of the results of certain laboratory procedures which have a significant impact on their health and well-being.

DISCUSSION:

- 1. The results of certain laboratory tests have such a significant impact on the patient that we must, as part of good medical practice, notify the patient of the results.
- 2. The notification decision must be made by the responsible medical or dental officer in each case, based on a combination of the test results and the patient's condition. A health services technician may not assume responsibility for notifying patients of laboratory results.
- 3. The laboratory technician, after performing the test or after logging in results from the reference laboratory will forward the results to the responsible medical or dental officer.
- 4. The medical or dental officer will indicate on the lab report which reports require patient notification and which do not, and will initial and date the report. At a minimum, notification must be provided for the following:
 - a. All biopsy results
 - b. All pap smear results
 - c. All pregnancy test results
 - d. All test results which necessitate initiation of or a change in treatment.
- 5. Reports not requiring further action will be returned to the laboratory technician who will indicate in the specimen log that no further action is required.
- 6. Reports requiring action usual action:
 - a. All pap smears and biopsies Medical or dental officer may phone patient, or send negative/ benign results by self addressed mailer, computer form letter, or CLAMS-generated form letter. When unable to contact patients with positive/malignant results, mail letter instructing the patient to contact medical officer at their earliest convenience with return receipt requested. Time mailing such that patient receives the notification during the first part of the week (Monday Wednesday). Lab must continue to track mailed result forms to ensure patients are eventually contacted. Lab should maintain signed receipt form with the positive/ malignant result.
 - b. Pregnancy test Medical officer phones the patient. For patients who cannot be contacted by phone, send self-addressed mailer or form letter directing the patient to phone the medical officer.

| c. | In all cases, the lab report will be returned to the laboratory technician who will make an appropriate entry on the specimen log indicating the medical or |
|----|---|
| | dental officer's decision regarding notification. Lab will maintain log sheets containing general lab results for at least two years. Lab will maintain |
| | forms with Pap smear and biopsy results/ notifications for at least ten years. |
| | |

| 7. | , | that all Health Services staff are familiar with this protocol and comply with its contents. The Chief ecimen log to ensure that the responsible medical or dental officer has acted upon all specimens in |
|----|---|--|
| | | Chief, Health Services Division |
| | | Effective Date |

| Laborato | ory Patient Log | | | | | | | |
|----------|-----------------|---------------|------|----|--------------------------|--------|--------------------------|---------------------------------|
| Date | Patient's Name | Patient's SSN | Test | Da | nce Lab ates Rcvd. | Result | Responsible Physician | Action Required? (Yes/No) |
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MAILER FOR PATIENT NOTIFICATION NEGATIVE BIOPSY, OR LABORATORY TEST RESULTS

(delete above prior to mailing)

| USCG CLINIC (NAME OF YOUR UNIT) (CLINIC PHONE NUMBER) | | | | |
|--|--|--|--|--|
| Dear ——— | | | | |
| The results of your biopsy/ laboratory test(s) are negative. No further treatment or testing is required at this time. Should you have any questions, please contact the clinic. | | | | |
| | | | | |
| FOLD HERE | | | | |

MAILER FOR PATIENT NOTIFICATION POSITIVE BIOPSY, OR LABORATORY TEST RESULTS

| | USCG CLINIC | |
|-----------------------|--|--|
| | (NAME OF YOUR UNIT) | |
| | (CLINIC PHONE NUMBER) | |
| | | |
| ъ | | |
| Dear — | | |
| | | |
| The results of your b | piopsy/ laboratory test(s) are available. Please contact | |
| | at the clinic to discuss the results and follow up care. | |
| | • | |

FOLD HERE

NORMAL/ BENIGN PAP SMEAR NOTIFICATION

| Dear Ms | Sponsor SSN# |
|---|---|
| Your Pap Smear done on | _ showed the following results: |
| () <u>WITHIN NORMAL LIMITS</u> : No abnormal cells unless your healthcare provider instructed you otherward. | s were seen. Please schedule your next Pap smear in 1 year, vise. |
| , , | <u>IMITED</u> : The specimen was adequate for evaluation, but lammation or obscuring blood. Please schedule your next Paper |
| | nges of cervical or vaginal cells because of microbes such as are having symptoms, please call your provider for a |
| | vical or vaginal cells to the local environment, appearing inflammation, infection, menopausal changes or healing after o 6 months. |

SAMPLE SAMPLE SAMPLE

NAME OF CLINIC

PAP SMEAR NOTIFICATION

| Dear Ms. | S | Sponsor SSN# |
|----------------|-----|-------------------------------|
| Date of exam: | | |
| Please contact | at | at your earliest convenience. |
| | | |
| | | |
| | FOI | LD HERE |

NORMAL PAP SMEAR NOTIFICATION

6400 March 8, 1999

| | March 8, 199 |
|--|--|
| Ms 54321 6 th Street | |
| Elizabeth City, NC 27909 | |
| | |
| Dear Ms | |
| I have reviewed the results of y concern were discovered. | your recent Pap report and am pleased to inform you that no abnormalities or any |
| If you have any questions or ar call me at (000) 000-0000. | e uncertain as to when you should schedule your next screening examination, please |
| | Sincerely, |
| | Dr |
| | Captain, U.S. Public Health Service |
| | Senior Medical Officer |
| | By direction of the Commanding Officer |

PAP SMEAR RESULT NOTIFICATION

| | 6400 |
|------------------------------------|--|
| | March 8, 1999 |
| Ms | |
| Ms 54321 6 th Street | |
| Elizabeth City, NC 27909 | |
| | |
| Dear Ms | |
| | |
| | Pap smear taken for you in our facility on The report has raised a pnormalities looked for on a Pap smear. |
| | red by a repeat Pap smear, a course of therapy, or further gynecological attention. our earliest convenience so we can follow up on this matter. |
| | Sincerely, |
| | Dr |
| | Captain, U.S. Public Health Service |
| | Senior Medical Officer |

By direction of the Commanding Officer

NEGATIVE BIOPSY NOTIFICATION

6400 March 8, 1999

Mr. S. Burns 54321 Main Street Clearwater, FL 34622

Dear Mr. S. Burns

I have received the results of your recent biopsy and am pleased to inform you that the pathologist's diagnosis does not raise any cause for concern.

If you have any questions or are concerned on how to proceed, please call me at (000) 000-0000.

Dr. _____
Captain, U.S. Public Health Service
Senior Medical Officer
By direction of the Commanding Officer